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پایان نامه مقطع کارشناسی ارشد داخلی-جراحی

عنوان:

بررسی تأثیر مدل مراقبت مشارکتی بر کیفیت زندگی بیماران مبتلا به بیماری مزمن

انسدادی ریه مراجعه کننده به بیمارستانهای شهر سیرجان در سال ۱۳۹۸

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**Title:**

**The effect of partnership care model on quality of life in patients with chronic obstructive  
pulmonary disease referred to Sirjan hospitals in the year 2019**

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## چکیده

**مقدمه و هدف:** بیماری مزمن انسدادی ریه یکی از شایعترین بیماریهای مزمن است که باعث کاهش طول عمر و ناتوانی می‌شود. مدل‌های مراقبتی با هدف ارتقای سطح توانمندی بیماران و بالا بردن کیفیت زندگی آنها توسط محققین مورد بررسی قرار می‌گیرند. یکی از این مدل‌ها، مدل مراقبت مشارکتی است که باتوجه به اینکه تا کنون مطالعه‌ای در زمینه تأثیر مدل مراقبت مشارکتی بر روی ارتقاء کیفیت زندگی بیماران مبتلا به بیماری مزمن انسدادی ریه انجام نشده است، از این رو پژوهشگر درصدد است تا تأثیر مدل مراقبت مشارکتی بر کیفیت زندگی بیماران مبتلا به بیماری مزمن انسدادی ریه را بررسی کند.

**مواد و روش‌ها:** این مطالعه، یک مطالعه نیمه تجربی از نوع پیش‌آزمون-پس‌آزمون دوگروهی روی ۸۰ بیمار مبتلا به COPD بستری در بخش‌های داخلی بیمارستانهای شهر سیرجان در سال ۱۳۹۸ می‌باشد. که مشارکت کنندگان بر اساس معیارهای ورود و به روش نمونه‌گیری آسان (دردسترس) انتخاب شدند و به صورت تصادفی در دو گروه مداخله و کنترل، هر گروه ۴۰ نفر، قرار گرفتند. ابتدا پرسشنامه اطلاعات دموگرافیک و پرسشنامه کیفیت زندگی سازمان بهداشت جهانی WHO QOL - brife در اختیار هر دو گروه قرار گرفت. مراقبت مشارکتی در چهار مرحله؛ انگیزش، آماده‌سازی، درگیرسازی و ارزشیابی برای بیماران اجرا شد. سپس بیماران گروه مداخله در ۵ جلسه یک ساعته و با فاصله ۳ ماه تحت آموزش قرار گرفتند. بلافاصله بعد از اتمام مداخله از بیماران هر دو گروه پس‌آزمون گرفته شد. داده‌ها بوسیله نرم افزار SPSS (ویرایش ۲۵) مورد تجزیه و تحلیل قرار گرفتند. و با استفاده از آمار توصیفی (میانگین، انحراف معیار و توزیع فراوانی) و آمار تحلیلی (آزمون های t تست مستقل و تی تست زوجی و آزمونهای کای اسکوئر) به تجزیه و تحلیل داده‌ها پرداخته شد. سطح معنی داری کمتر از ۰/۰۵ در نظر گرفته شد.

**یافته‌ها:** میانگین و انحراف معیار نمرات کیفیت زندگی بیماران COPD قبل از مداخله به ترتیب در گروه مداخله  $9/59 \pm 75/9$  و در گروه کنترل  $10/22 \pm 73/2$  که پس از اجرای مداخله، میانگین و انحراف معیار نمره کیفیت زندگی در گروه مداخله به  $11/41 \pm 92/4$  و در گروه کنترل به  $9/59 \pm 74/09$  تغییر داشت. همچنین میانگین نمرات در تمامی ابعاد کیفیت زندگی ارتقا پیدا کرد که بر اساس آزمون تی مستقل قبل از

مداخله تفاوت معنی دار بین میانگین نمرات کیفیت زندگی و ابعاد آن دو گروه کنترل و مداخله وجود نداشت ( $p > 0.05$ ) اما آزمون تی مستقل اختلاف معناداری را بین میانگین نمرات کیفیت زندگی و ابعاد آن در دو گروه بعد از اجرای مداخله نشان داد ( $p = 0.000$ ). همچنین آزمون تی زوجی نیز نشان داد که بین میانگین نمرات کیفیت زندگی و ابعاد آن بجز بعد اجتماعی قبل و بعد از مداخله در گروه مداخله تفاوت معنی دار وجود دارد ( $P = 0.000$ ).

**بحث و نتیجه گیری:** کاربرد مدل مراقبت مشارکتی می تواند در بهبود و ارتقاء کیفیت زندگی بیماران مزمن مؤثر واقع شود و همچنین به عنوان راهکاری برای بهبود کیفیت زندگی بیماران مبتلا به COPD مورد استفاده قرار گیرد.

**کلمات کلیدی:** بیماری انسدادی مزمن ریه، مدل مراقبت پرستاری، کیفیت زندگی، مراقبت پرستاری، مراقبت مشارکتی

**Abstract:**

**Background & Objective:** Chronic obstructive pulmonary disease is one of the most common chronic diseases that reduces life expectancy and causes disability. Care models are studied by researchers with the aim of empowerment the patients and improving their quality of life. One of these models is the participatory care model, Given no studies have been conducted on the effect of participatory care model on improving the quality of life of patients with chronic obstructive pulmonary disease, Therefore, the researcher intends to investigate the effect of participatory care model on the quality of life of patients with chronic obstructive pulmonary disease.

**Materials and methods:** This is a quasi experimental pre-test-post-test study of two groups on 80 patients with COPD admitted to the inpatient wards of hospitals in Sirjan in 2019. Participants were selected based on inclusion criteria and by easy sampling method (available) and were randomly divided into two groups of intervention and control, each group of 40 people. First, the demographic information questionnaire and the WHO QOL-brief quality of life questionnaire were given to both groups. Participatory care in four stages; Motivation, preparation, involvement and evaluation were performed for patients. Then, the patients in the intervention group were trained in 5 one-hour sessions during 3 months. Immediately after the intervention, post-test was taken from patients in both groups. Data were analyzed by SPSS software (version 25). Data were analyzed using descriptive statistics (mean, standard deviation and frequency distribution) and analytical statistics (independent t-test, paired t test and Chi-square test). Significance level was considered less than 0.05.

**Findings:** Mean and standard deviation of quality of life scores of COPD patients before intervention in the intervention group, were  $75.9 \pm 9.59$  and, in the control, group were  $73.2 \pm$

10.22. After the intervention, the mean and standard deviation of quality of life score in the intervention group changed to  $92.4 \pm 11.41$  and in the control group it changed to  $74.09 \pm 9.59$ . Also the mean scores of all dimensions of quality of life enhanced that according to the independent t-test before the intervention, there was no significant difference between the mean scores of quality of life and its dimensions between the control and intervention groups ( $p < 0.05$ ), but the independent t-test showed a significant difference between the mean scores of quality of life and its dimensions between two groups after the intervention. ( $p = 0.000$ ). The paired t-test also showed a significant difference between the mean scores of qualities of life and its dimensions in intervention group before and after the intervention ( $p = 0.000$ ).

**Results:** The application of participatory care model can be effective in improving and enhancing the quality of life of chronic patients and can also be used as a solution to improve the quality of life of patients with COPD.

**Key words:** Chronic obstructive pulmonary disease, quality of life, nursing care model, participatory care model

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| Abbreviations |  |
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| COPD          | Chronic obstructive pulmonary Disease                      |
| GOLD          | Global institute for chronic obstructive lung Disease      |
| DNNA          | Diagnostic Nursing North American                          |
| FEV1          | Forced Expiratory volumes                                  |
| NICE          | National institute of Health and clinical Excellence       |
| GSE           | General Scale Exam   |
| LQD           | Life of quality diabetes                                   |
| HRQL          | Health Related Quality of Life                             |
| QOL-Peds      | Quality of life pediatrics                                 |
| FACT          | Functional Assessment of Cancer Therapy                    |
| EORTC         | European Organization for Research and Treatment of Cancer |
| QOL-Peds      | Quality of life pediatrics                                 |
| NANDA         | Nursing American North Diagnostic Association              |
| SPK           | Scale Performance Karnowski                                |
| GOLD          | Global institute for chronic obstructive Lung Disease      |
| BREF-WHOQOL   | World Health Organization Quality of Life Brief version    |
| SF-36         | Short- form health assessment with 36 questions            |
| LOQD          | Life of Quality Diabetes                                   |
| SSSD          | Scale Support Social Duke                                  |
| FVC           | Forced vital capacity                                      |
| WHO           | World Health Organization                                  |

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بسمه تعالی

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صورتحجلسه دفاع از پایان نامه

پیوست.....

دانشگاه علوم پزشکی کرمان

تحصیلات تکمیلی دانشگاه

جلسه دفاعیه پایان نامه خانم آزاده پاریزی دانشجوی کارشناسی ارشد پرستاری داخلی جراحی (پردیس خودگردان) ورودی ۹۵ تحت عنوان " بررسی تاثیر مدل مراقبت مشارکتی بر کیفیت زندگی بیماران مبتلا به بیماری مزمن انسدادی ریه مراجعه کننده به بیمارستانهای شهر سیرجان در سال ۱۳۹۸" به راهنمایی دکتر سکینه سبزواری و دکتر زهرا ایمانی در ساعت ۱۰/۰۰ روز دوشنبه مورخ ۱۳۹۹/۰۶/۰۳ با حضور اعضای محترم هیات داوران متشکل از:

| سمت                        | نام و نام خانوادگی                     | امضا  |
|----------------------------|--|---|
| الف: اساتید راهنما         | دکتر سکینه سبزواری<br>دکتر زهرا ایمانی |    |
| ب: استاد مشاور             | -----                                  |   |
| ج: عضو هیات داوران (داخلی) | دکتر بهناز باقریان                     |   |
| د: عضو هیات داوران (خارجی) | دکتر پروین منگلیان                     |  |
| ه: نماینده تحصیلات تکمیلی  | دکتر زهره خشنود                        |  |

تشکیل گردید و ضمن ارزیابی به شرح پیوست با درجه عالی و نمره ۱۹/۶ مورد تأیید قرار گرفت.

دکتر فیروزه میرزایی رابر

مهر و امضاء معاون آموزشی دانشکده

دانشکده پرستاری و مامائی زاری  
تحصیلات تکمیلی



